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## **ISSUE III - MEDICARE & YOU**

### **INFORMATION NEEDS AND PREFERENCES OF THE MEDICARE POPULATION WITH VISION LOSS**

#### **INTRODUCTION**

The December 1999 issue of the Medicare & You fact sheet described the Health Care Financing Administration's (HCFA) consumer research initiative, focusing primarily on the Information Needs and Preferences of the General Medicare Population. HCFA has also identified a diverse set of beneficiary subgroups that may have special information needs about Medicare, or may require innovative communication approaches. This report synthesizes key findings from research (inventory research - 1997; focus groups - 1997; Medicare Current Beneficiary Survey - 1998) conducted with those elderly beneficiaries with vision loss (both those with partial vision loss and those who are blind) who are 65 years old or older and not institutionalized.

It is important to keep in mind that vision loss takes varying forms (e.g., general blurring, loss of peripheral vision, loss of ability to distinguish colors) and comes in varying degrees. Therefore, the communication needs and preferences may vary (for example, printed communications appropriate for beneficiaries with partial vision loss would not meet the needs of the small subset of this population who are blind.)

#### **PROFILE OF MEDICARE BENEFICIARIES WITH VISION LOSS**

According to the 1996/1997 Medicare Current Beneficiary Survey (MCBS), almost 40% of non-institutionalized Medicare beneficiaries report having difficulty seeing, even with corrective lenses. Only a small percentage of these individuals – less than one percent of the Medicare population – are completely blind, but vision loss can represent a significant barrier to communicating with the Medicare population.

Compared to elderly Medicare beneficiaries in general, beneficiaries who have partial or complete vision loss:

- ◆ Tend to be older.
- ◆ Are somewhat more likely to live alone or with children or other relatives or non-relatives, and less likely to be living with a spouse.
- ◆ Have lower incomes and are less educated.
- ◆ Are more likely to be Medicaid recipients.
- ◆ Are more likely to report being in fair or poor health, and to have problems with hearing and activities of daily living.

#### **KEY INFORMATION NEEDS AND KNOWLEDGE OF BENEFICIARIES WITH VISION LOSS**

For the most part, beneficiaries with vision loss have information needs that resemble those of the general elderly Medicare population. They ask the same questions and demonstrate the same gaps in understanding about the Medicare program. However, they also have unique needs. Key findings about

the information needs and Medicare-related knowledge levels of blind and low vision beneficiaries, as compared with the general beneficiary population, include:

- ◆ They are somewhat more likely to need basic information about Medicare, as they are not able to access information as readily as full-sighted beneficiaries.
- ◆ They are also somewhat more likely to seek information, but are less likely to find it when they do.
- ◆ They need information on the prevention, diagnosis, and treatment of vision loss; coverage of vision assistive devices; and coping strategies.
- ◆ For those who have lost their vision gradually and are not accustomed to low vision, advice on alternative ways of dealing with daily life and on coping strategies are helpful to them and their families.

### **COMMON MEDICARE-RELATED QUESTIONS ASKED BY BENEFICIARIES WITH VISION LOSS ARE:**

1. What services are covered by Medicare? Are glasses, closed circuit televisions, and other necessary low vision aids covered?
2. Who pays for low vision services?
3. What is the role of managed care in Medicare?
4. How does managed care fit into the health care system?

### **PREFERRED INFORMATION SOURCES**

Beneficiaries with vision loss are generally similar to other Medicare beneficiaries in the sources they rely on to obtain information about the Medicare program. The preferred source depends on the topic.

- ◆ For information about the Medicare program and out-of-pocket costs, the majority of those reporting rely on Medicare sources (e.g., publications, carriers, toll-free line).
- ◆ For information about staying healthy or locating a health care provider, most rely on providers.
- ◆ Beneficiaries with vision loss rely more on their family and friends to meet their information needs than do beneficiaries in general.
- ◆ In both groups, the Medicare Handbook is used mainly as a reference tool.

### **PREFERRED COMMUNICATION MODES**

Communication preferences of beneficiaries with vision loss were similar to the general Medicare population in several ways:

- ◆ Many prefer to receive written information through the mail.
- ◆ Like other beneficiary groups, beneficiaries with vision loss most prefer in-person communications or brochures – but these must be designed to account for their needs.

### **BENEFICIARIES WITH VISION LOSS ALSO HAD UNIQUE NEEDS AND EXPERIENCES:**

- ◆ The group with vision loss differed from the general Medicare population in viewing radio as an extremely important medium for receiving information.
- ◆ Seniors with low vision want large print materials and audio-taped information to be more readily available.
- ◆ They are heavily reliant on a variety of assistive devices for receiving information, many of which facilitate their independence, and they want more information about these devices. These include magnifying lenses, telescopic lenses, and closed circuit televisions.

- ◆ Seminars and roundtable discussions are popular methods for disseminating information to beneficiaries with vision loss because in addition to general information, they obtain answers to their individual questions.
- ◆ For all beneficiaries with vision loss, transportation is a major obstacle that can affect their ability to take advantage of some information channels, such as meetings or computers in public places.

## COMMUNICATION STRATEGIES

Research suggested the following preferred strategies for communicating with the blind and low vision communities:op Five Communication Strategies for the Blind and Low Vision Communities

1. Always produce information using a variety of alternative media to allow for a larger group of beneficiaries to be reached.
2. When producing information, use a larger font to allow individuals with low vision to read with greater ease (16 point font or larger).
3. To create a more readable document, reformat by using a simple style and structure. Avoid using difficult graphics or confusing layouts.
4. Produce text in Braille for the subset of blind and deaf/blind individuals who are able to read Braille.
5. Deliver information in an audio format for those individuals who prefer to hear information.

## CONCLUSION

The information needs and preferences of beneficiaries with vision loss generally resemble those of the overall elderly Medicare population. However, these beneficiaries need additional health care, insurance, and cost-sharing information related to coverage of vision benefits. Most important – this information needs to be communicated in an appropriate medium that is supported by innovative marketing strategies and a reliable delivery system.

Based on what we have learned, HCFA is developing our new educational material, and adapting our existing products, to better serve those with visual impairments.

Subsequent "Medicare & You" fact sheets will share findings about the information needs and best communication strategies for African American beneficiaries, Hispanic beneficiaries, beneficiaries who are dually eligible for Medicare and Medicaid, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and beneficiaries with hearing loss.

This fact sheet was prepared by the Health Care Financing Administration, Center for Beneficiary Services.  
For additional information, please visit our website at [www.hcfa.gov/research/reports](http://www.hcfa.gov/research/reports).